								plication or Docket Number								
PATENT APPLICATION FEE DETERMINATION RECOR								1_	09	6	351	767				
		Effect			STAC	The	Wor	, -!>								
CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	SMALL EN	ITITY	OR	OTHER THAN OR SMALL ENTITY					
TO	TAL CLAIMS		8				ſ	RATE	FEE	1 1	RATE	FEE				
FOR			NUMBER FILED		NUMBE	NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	· 710.00				
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 9=		OR	X\$18=					
IND	EPENDENT CLA	AIMS	minus 3 =		*	•		X40=		OR	X80=					
MUL	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		1 1	+270=					
+ lt +	he difference i	in column 1 is	less than 70	ess than zero, enter "0" in column 2			Y		<b></b>	OR	TOTAL	-//2				
CLAIMS AS AMENDED - PART II								TOTAL	<u> </u>	OR	OTHER	_ <i></i>				
	(Column 1) (Column 2) (Column 3							SMALL E	ENTITY	OR	SMALL					
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
OM OM OM OM OM OM OM OM OM OM OM OM OM O	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=					
<b>AMENDMENT</b>	Independent	*	Minus	***		=		X40=		OR	V00					
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	IT CLAIM		1	+135=	<del>                                     </del>	1	070					
							Ì	TOTAL		OR	TOTAL					
	(0-1							ADDIT. FEE		OR	ADDIT. FEE					
		(Column 1) CLAIMS		HIG	umn 2) HEST	(Column 3)	) 1		ADDI-	1		ADDI-				
MENT B		REMAINING AFTER AMENDMENT	4.	PREV	MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE				
NO.	Total	*	Minus	**		=	]	X\$ 9=		OR	X\$18=					
AMENDN	Independent	*	Minus	***		]=		X40=		OR	X80=					
Ľ	FIRST PRESE	NTATION OF M	IULTIPLE DEI	PENDEN	IT CLAIM		L	+135=		1						
							ı	TOTAL		OR	TOTAL					
						2-		ADDIT. FEE		OR	ADDIT. FEE	<u> </u>				
	1	(Column 1) CLAIMS			umn 2) SHEST	(Column 3)	١.	,	ADD:	1		ADDI				
AMENDMENT C		REMAINING AFTER AMENDMENT		NUI PREV	MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
₩ Q	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=					
MEN	Independent	*	Minus	***		=		X40=		1	V00					
	FIRST PRESE	ENTATION OF M	AULTIPLE DE	PENDE	VT CLAIM	1				OR		<del>                                     </del>				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	TOTAL	<b></b>				
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE									OR	ADDIT. FEE	<u>- L</u>				
	The "Highest Nun	mber Previously Pa	aid For" (Total c	or Indepen	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											